



## Homeownership Capacity Program Completion Form

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Homeownership  
Advisor

\_\_\_\_\_  
Date

**CLIENT SURVEY:** Program Completion is reached when the Client has achieved financial empowerment or is no longer progressing towards their financial goal. Below are general statements to learn more about the Client's experience while in the Program. For each statement, place an "X" in the column that best describes the change in your knowledge or actions since you started the Program.

	YES	NO
I know when and how to find reliable information to make financial decisions.		
I know how to process financial information to make financial decisions.		
I know how to execute financial decisions and adapt as necessary to stay on track.		
I plan on pursuing homeownership.		

**CLIENT CERTIFICATION:** I/we agree the responses to the statements above are true and accurate to the best of my/our ability.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**COACH VERBAL CERTIFICATION:** A verbal certification is acceptable if information was provided to Client in a non-face-to-face session. The Homeownership Advisor asked the questions above and the Client provided the information contained in this document.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Homeownership Advisor Signature

\_\_\_\_\_  
Date